

# **Module F:**

## **CHILD NUTRITION AND PARENTING SKILLS**

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## OVERVIEW

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### Introduction

This module will help you understand the nutritional needs of children 1 to 5 years of age.

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### Learning Objectives

After completing this module the Trainee will be able to:

- Describe normal growth and development of children 1 to 5 years old.
  - List factors influencing the growth and appetite for toddlers and pre-school children.
  - Describe feeding guidelines for children, including self-feeding, division of responsibility, and food safety.
  - Describe common nutrition-related problems for children and identify solutions to these problems.
  - Describe choking, lead poisoning, and poison hazards for children and identify prevention or solutions for each.
  - Describe general principles of good parenting.
  - Identify indicators of nutritional need and specify conditions for a child's WIC eligibility.
  - In a case study situation, assess a child's growth pattern, biochemical, clinical and dietary status.
  - Use role-play to interview the child's caregiver to assess the child's nutritional status then prioritize their needs and provide individual education.
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## GROWTH & DEVELOPMENT

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**Growth**

Growth is an increase in the physical size of the body.

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**Development**

Development is the process of learning new skills or maturing.

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**Normal Growth & Development**

Growth is fastest during infancy. A child's growth slows down and appetite decreases at around one year of age. The child's growth is steady between 1 and 5 years.

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**What Influences Growth?**

Growth is fastest during infancy. A child's growth is influenced by:

- Genetics
  - Hormones
  - Environment
  - Behavior
- 

**Stages**

Children go through several stages of development as they grow. These stages involve physical, mental, and social changes. The chart on the next page lists and describes average child development from age 1 to 5 years. Each child has their own normal pattern of growth.

Remember: Children rarely develop at the same pace. Use the chart as a guide only.

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**Learning Activity 1**

To help you learn more about the stages of childhood, you may want to try **Learning Activity 1** found at the end of this module.

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## GROWTH & DEVELOPMENT *(continued)*

### Stages of Childhood for 1 – 5 Years of Age

Age	Description
12-15 months	<ul style="list-style-type: none"> <li>• Walks alone</li> <li>• Begins to climb stairs and to run</li> <li>• Starts pretending</li> <li>• Sings</li> <li>• Says several words</li> <li>• Follows simple commands</li> <li>• Gets first molars</li> <li>• Able to use a spoon and cup</li> </ul>
15-18 months	<ul style="list-style-type: none"> <li>• Walks backwards and in circles</li> <li>• Dances</li> <li>• Scribbles</li> <li>• Says 10-20 words</li> <li>• Makes first sentence</li> <li>• Likes to use fingers to eat</li> </ul>
18-24 months	<ul style="list-style-type: none"> <li>• Jumps</li> <li>• Follows 2-step commands</li> <li>• Draws circles and lines</li> <li>• Says 20-50 words</li> <li>• Makes 3 word sentences</li> <li>• Uses cup well</li> <li>• Has favorite foods</li> </ul>
24-36 months	<ul style="list-style-type: none"> <li>• Gets last primary teeth</li> <li>• Feeds self with spills</li> <li>• Uses fork</li> </ul>
36-48 months	<ul style="list-style-type: none"> <li>• Able feed herself more easily</li> <li>• Able to chew most foods</li> </ul>
48-60 months	<ul style="list-style-type: none"> <li>• Likes to talk while eating</li> <li>• Influenced by peers</li> <li>• Likes to help prepare foods</li> <li>• Able to use a child-safe knife</li> </ul>

## PREVENTING CAVITIES IN CHILDREN

### 1<sup>st</sup> Dental Appointment

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The American Dental Association (ADA) recommendations:

- A child's first visit to the dentist should occur by their first birthday.
  - Visits to the dentist help with early detection of potential problems, and
  - Help children become comfortable and hopefully have less fear as they grow older.
  - After all primary teeth emerge your dentist may apply topical fluoride. Or the doctor may prescribe fluoride tablets. (usually at 2½ years)
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### Fluoride Benefits

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The benefits of fluoride include:

- Hardens the tooth enamel.
  - Provides a barrier against plaque and harmful sugars.
  - Helps to prevent and reduce cavities.
  - Healthy baby teeth prepare for healthy permanent teeth.
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### Fluoride Risks

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Excess fluoride can lead to the following problems:

- Mottled teeth (white spotted, yellow or brown stained and sometimes crumbly teeth).
  - Fluoridated water with excess toothpaste intake can cause pitting of tooth enamel.
  - Affect tooth development in permanent teeth.
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### Brushing and Flossing

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- Brushing at least twice a day
  - Flossing helps maintain healthy gums
  - Toddlers only need a small amount, the size of a pea (Parents should ensure the child spits the toothpaste out)
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### Set a Good Example

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Parents need to teach children good oral health habits.

- Reinforce daily brushing and flossing
  - Provide healthy snacks
  - Limit the amount of sweets offered
  - Dilute juice with water
  - Say NO to sodas
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## FEEDING CHILDREN

### Development Influences Feeding

A child's eating behaviors are influenced by the development of:

- Teeth
- Coordination skills
- Independent behaviors

### Feeding Guidelines

When feeding children, parents/caregivers should be aware of:

- Self-feeding
- Division of responsibility
- Food safety

### Self-Feeding

As children grow and mature, their coordination and feeding skills improve. They go from eating with their fingers to eating with utensils and drinking from a cup.

To support self-feeding:

- Let the child regulate her/his food intake.
- Model appropriate eating behaviors.
- Provide healthy meals and snacks.
- Provide appropriate eating utensils.
- Establish eating times and location(s).

### Division of Responsibility

Parent(s)/caregiver(s) and children have different roles (jobs) in feeding.

The chart on pages 6 - 8 lists the responsibilities of the child and the parent/caregiver.

### Background Information Food Safety

We cannot tell if food is safe just by the way it looks or smells. Therefore, people who prepare food for children need to be careful when shopping and preparing foods.

To ensure food is safe for children, follow the *Food Safety Guidelines* in Module A of this Task.

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**FEEDING CHILDREN** *(continued)***Division of Responsibility in Feeding Children****Child's Role:****1. Decide how much to eat.**

A child's food intake will generally match her/his needs. The amount of food a child eats is up to the child.

**2. Decide what to eat from the foods served.**

Young children like:

- Simple meals with food separated from each other
- Finger foods
- Foods with bright colors and varied shapes

Young children often do NOT like:

- Highly seasoned food
- New foods

**3. Decide if they will eat.**

A young child should eat only if they want to eat. They should never be forced to eat.

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## FEEDING CHILDREN *(continued)*

### Division of Responsibility in Feeding Children

Parent/Caregiver's Role:	
1. <b><u>Select and buy nutritious food.</u></b>	Buy foods from the 5 food groups ( <i>Fruits, Vegetables, Grains, Dairy and Protein</i> ).
2. <b><u>Make and offer nutritious, balanced meals.</u></b>	Prepare meals containing choices from each of the 5 food groups ( <i>Fruits, Vegetables, Grains, Dairy and Protein</i> ).
3. <b><u>Make and offer nutritious snacks.</u></b>	<ul style="list-style-type: none"><li>• Prepare low fat snacks and include whole grains and fruits and vegetables, such as fresh fruit, whole grain cereal, crackers, bread, yogurt, cheese, cottage cheese, milk, or a hard-boiled egg.</li><li>• Offer snacks 1½ to 2 hours before or after a meal. Young children need to eat every 2 to 3 hours.</li><li>• Provide small portion sizes of food to prevent affecting their appetite at the next meal.</li><li>• Do NOT give foods such as soda, chips, fruit drinks, or candy as snacks. These have little nutritional value.</li></ul>
4. <b><u>Give the child food they can handle.</u></b>	<ul style="list-style-type: none"><li>• Offer meals and snacks in <b>child-size portions</b>. (<i>Too much food can overwhelm a child.</i>)</li><li>• Cut food into bite-size pieces.</li><li>• Do NOT offer foods which are round, hard, or could easily slide down a child's throat and cause choking.</li><li>• Cool hot foods before serving.</li><li>• Use salt, sugar, pepper and spices in moderation.</li></ul>
5. <b><u>Decide when meals and snacks are offered.</u></b>	<ul style="list-style-type: none"><li>• Meals and snacks should be offered on a regular time schedule. This gives the child a sense of security.</li><li>• Time meals and snacks so the child eats every 2 to 3 hours.</li></ul>
6. <b><u>Insist the child be present at meals.</u></b>	<ul style="list-style-type: none"><li>• Encourage all family members to be present for meals, when possible.</li><li>• Eating together as a family encourages talking and sharing.</li><li>• This also teaches children to pay attention to their food and eat.</li></ul>

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**FEEDING CHILDREN** *(continued)***Division of Responsibility in Feeding Children****Parent/Caregiver's Role** *(continued)*:**7. Model appropriate eating behaviors.**

- Focus attention on the food being eaten
- Sit down while eating
- Eat in only 1 or 2 places in the house

**Do NOT:**

- have books or toys at the table
- watch TV while eating
- force the child to “clean their plate”
- bribe or reward a child to eat
- use food as a reward

**8. Reinforce appropriate eating behaviors and ignore inappropriate behaviors.**

- Pay attention to, recognize, and praise appropriate eating behaviors.
- Ignore negative behavior. When parents/caregivers respond to negative behaviors the child gets the attention they want and the negative behavior is actually supported.
- Do NOT make special meals (“*short-order cook*”) for a child if they do not like what is served. Many children are “picky eaters” at some point. *A child will not starve; a nutritious snack is only a few hours away.\**
- Parents should:
  - Offer one new food at a time (*while offering foods the child likes*),
  - Let children help with meal preparation,
  - Give a small amount of a new food; be patient, and
  - Ask all adults at the table to be role models and eat the offered foods.

*\*Refer to the Picky Eaters handout for more information.*

**9. Make family meal times pleasant.**

- Provide comfortable seating for meals. For young children, use a high chair or sturdy chair allowing the child to sit at the proper height to the table.
- Provide easy-to-use utensils such as:
  - Spoons and forks with short, straight handles and blunt tips.
  - Small, wide-mouthed cups with wide handles, plastic bowls.
  - Dishes with low edges to help the child scoop up food.
  - Divided plates with compartments to keep foods separated.
  - Avoid having arguments or scolding during meals.

## FEEDING RECOMMENDATIONS

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### What to Eat

A child will usually take in the right amount of food, but they will not know which foods are best for good health.

Parents and caregivers should offer children a variety of nutritious foods in balanced meals and snacks.

Children who are allowed to graze all day long often have a hard time figuring out when they are truly hungry - one key to maintaining a healthy weight in childhood and later in life. A structured meal and snack schedule is one solution. You offer the meals and snacks at the same times each day, and your children can decide what they want to eat and how much.

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### Use the WIC Feeding Recommendations

Use the WIC Feeding Recommendations to show parents/caregivers what foods and how much of those foods children should be offered at ages 1, 2, 3, and 4. The charts on the following pages show guidelines.

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## FEEDING RECOMMENDATIONS *(continued)*

### I'M 1: LET'S HAVE FUN!

<b>Grains</b> <b>5 or 6 of these choices</b>	<ul style="list-style-type: none"> <li>• ¼ to ½ slice bread or tortilla</li> <li>• ¼ to ½ cup dry cereal</li> <li>• ¼ cup cooked noodles, rice, oatmeal</li> <li>• 2 or 3 small crackers</li> </ul> <p><i>Half the grains I eat should be whole grains!</i></p>
<b>Vegetables</b> <b>3 or more of these choices</b>	<ul style="list-style-type: none"> <li>• ¼ cup cooked chopped vegetables</li> <li>• ¼ cup cooked mashed vegetables</li> <li>• 2 ounces vegetable juice</li> </ul> <p><i>Offer me a dark green or orange vegetable every day!</i></p>
<b>Fruits</b> <b>3 or more of these choices</b>	<ul style="list-style-type: none"> <li>• ¼ cup soft fresh fruit</li> <li>• ¼ cup soft canned or frozen fruit</li> <li>• 4 ounces 100% fruit juice (no more!)</li> </ul> <p><i>Offer me a vitamin C fruit every day (oranges, strawberries, melons, mangos, papayas, WIC juices).</i></p>
<b>Dairy</b> <b>4 of these choices</b>	<ul style="list-style-type: none"> <li>• 4 ounces milk</li> <li>• 4 ounces yogurt</li> <li>• 1 slice cheese</li> </ul> <p><i>No more than 16 ounces of milk per day! WIC gives me whole milk until I am 2, then low-fat milk.</i></p>
<b>Protein</b> <b>3 or 4 of these choices</b>	<ul style="list-style-type: none"> <li>• 1 tablespoon chopped meat, chicken, turkey, fish</li> <li>• ½ egg</li> <li>• 2 tablespoons cooked, mashed beans</li> <li>• ½ tablespoon peanut butter</li> <li>• 2 tablespoons tofu</li> </ul> <p><i>Meat and beans give me the most iron to keep my blood strong!</i></p>
<b>Fats, Oils &amp; Sweets</b>	<b>Only a little bit.</b>

Refer to handout “I’m 1: Let’s Have Fun”

## FEEDING RECOMMENDATIONS *(continued)*

### I'M 2: LOOK AT WHAT I CAN DO!

<b>Grains</b> <b>6 of these choices</b>	<ul style="list-style-type: none"> <li>• ¼ to ½ slice bread or tortilla</li> <li>• ¼ to ½ cup dry cereal</li> <li>• ¼ cup cooked noodles, rice, oatmeal</li> <li>• 2 or 3 small crackers</li> </ul> <p><i>Half the grains I eat should be whole grains!</i></p>
<b>Vegetables</b> <b>4 or more of these choices</b>	<ul style="list-style-type: none"> <li>• ¼ cup cooked chopped vegetables</li> <li>• ¼ cup cooked mashed vegetables</li> <li>• 2 ounces vegetable juice</li> </ul> <p><i>Offer me a dark green or orange vegetable every day!</i></p>
<b>Fruits</b> <b>4 or more of these choices</b>	<ul style="list-style-type: none"> <li>• ¼ cup soft fresh fruit</li> <li>• ¼ cup soft canned or frozen fruit</li> <li>• 4 ounces 100% fruit juice (no more!)</li> </ul> <p><i>Offer me a vitamin C fruit every day (oranges, strawberries, melons, mangos, papayas, WIC juices).</i></p>
<b>Dairy</b> <b>4 of these choices</b>	<ul style="list-style-type: none"> <li>• 4 ounces milk</li> <li>• 4 ounces yogurt</li> <li>• 1 slice cheese</li> </ul> <p><i>WIC gives me whole milk until I am 2, then low-fat milk.</i></p>
<b>Protein</b> <b>4 of these choices</b>	<ul style="list-style-type: none"> <li>• 1 tablespoon chopped meat, chicken, turkey, fish</li> <li>• ½ egg</li> <li>• 2 tablespoons cooked, mashed beans</li> <li>• ½ tablespoon peanut butter</li> <li>• 2 tablespoons tofu</li> </ul> <p><i>Meat and beans give me the most iron to keep my blood strong!</i></p>
<b>Fats, Oils &amp; Sweets</b>	<b>Only a little bit.</b>

Refer to handout “I’m 2: Look at What I Can Do!”

## FEEDING RECOMMENDATIONS *(continued)*

### I'M 3: PLEASE PLAY WITH ME!

<b>Grains</b> <b>4 of these choices</b>	<ul style="list-style-type: none"> <li>• 1 slice bread or tortilla</li> <li>• 1 cup dry cereal</li> <li>• ½ cup cooked noodles, rice, oatmeal</li> <li>• 6 small crackers</li> </ul> <p><i>Half the grains I eat should be whole grains!</i></p>
<b>Vegetables</b> <b>3 of these choices</b>	<ul style="list-style-type: none"> <li>• ½ cup cooked chopped vegetables</li> <li>• 1 cup raw (not hard) vegetables</li> <li>• 4 ounces vegetable juice</li> </ul> <p><i>Offer me a dark green or orange vegetable every day!</i></p>
<b>Fruits</b> <b>2 or 3 of these choices</b>	<ul style="list-style-type: none"> <li>• ½ cup fresh, canned or frozen fruit</li> <li>• 4 ounces 100% fruit juice (no more!)</li> </ul> <p><i>Offer me a vitamin C fruit every day (oranges, strawberries, melons, mangos, papayas, WIC juices).</i></p>
<b>Dairy</b> <b>4 of these choices</b>	<ul style="list-style-type: none"> <li>• 4 ounces milk</li> <li>• 4 ounces yogurt</li> <li>• 1 slice cheese</li> </ul> <p><i>WIC gives me whole milk until I am 2, then low-fat milk.</i></p>
<b>Protein</b> <b>3 or 4 of these choices</b>	<ul style="list-style-type: none"> <li>• 2 tablespoon chopped meat, chicken, turkey, fish</li> <li>• 1 egg</li> <li>• 4 tablespoons cooked, mashed beans</li> <li>• 1 tablespoon peanut butter</li> <li>• 4 tablespoons tofu</li> </ul> <p><i>Meat and beans give me the most iron to keep my blood strong!</i></p>
<b>Fats, Oils &amp; Sweets</b>	<b>Only a little bit.</b>

Refer to handout “I’m 3: Please Play with Me!”

## FEEDING RECOMMENDATIONS *(continued)*

### I'M 4: LET'S EXPLORE!

<b>Grains</b> <b>4 or 5 of these choices</b>	<ul style="list-style-type: none"> <li>• 1 slice bread or tortilla</li> <li>• 1 cup dry cereal</li> <li>• ½ cup cooked noodles, rice, oatmeal</li> <li>• 6 small crackers</li> </ul> <p><i>Half the grains I eat should be whole grains!</i></p>
<b>Vegetables</b> <b>3 of these choices</b>	<ul style="list-style-type: none"> <li>• ½ cup cooked chopped vegetables</li> <li>• 1 cup raw vegetables</li> <li>• 4 ounces vegetable juice</li> </ul> <p><i>Offer me a dark green or orange vegetable every day!</i></p>
<b>Fruits</b> <b>2 or 3 of these choices</b>	<ul style="list-style-type: none"> <li>• ½ cup fresh, canned or frozen fruit</li> <li>• 4 to 6 ounces 100% fruit juice (no more!)</li> </ul> <p><i>Offer me a vitamin C fruit every day (oranges, strawberries, melons, mangos, papayas, WIC juices).</i></p>
<b>Dairy</b> <b>3 of these choices</b>	<ul style="list-style-type: none"> <li>• 6 ounces milk</li> <li>• 6 ounces yogurt</li> <li>• 1 ½ slice cheese</li> </ul> <p><i>WIC gives me low-fat milk.</i></p>
<b>Protein</b> <b>3 or 4 of these choices</b>	<ul style="list-style-type: none"> <li>• 2 tablespoon chopped meat, chicken, turkey, fish</li> <li>• 1 egg</li> <li>• 4 tablespoons cooked, mashed beans</li> <li>• 1 tablespoon peanut butter</li> <li>• 4 tablespoons tofu</li> </ul> <p><i>Meat and beans give me the most iron to keep my blood strong!</i></p>
<b>Fats, Oils &amp; Sweets</b>	<b>Only a little bit.</b>

Refer to handout “I’m 4: Let’s Explore!”

## NUTRITION-RELATED PROBLEMS & SOLUTIONS

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### Nutrition-Related Problems

Several nutrition-related problems are common in children. These include:

- Anemia
- Constipation
- Overweight
- Short stature
- Underweight

Become familiar with these problems so you can help parents/caregivers identify solutions.

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### Chart of Nutrition-Related Problems & Solutions

The chart on pages 15 - 17 lists some common nutrition-related problems for children and possible solutions.

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## NUTRITION-RELATED PROBLEMS & SOLUTIONS *(continued)*

### Common Problems & Solutions

Problem	Solution(s)
<p><b>Anemia*</b> (low iron levels in blood) may cause problems such as:</p> <ul style="list-style-type: none"> <li>• Poor appetite</li> <li>• Tiredness</li> <li>• Weakness</li> <li>• Developmental delays</li> <li>• Learning problems, and growth retardation.</li> </ul> <p><i>Also known as Iron Deficiency</i>  <i>(A hemoglobin (Hgb) &lt;11.0 &amp; hematocrit (Hct) of less than 33% indicates anemia in a child)</i></p>	<div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 10px;"> <p><b>Refer to <i>Nutritionist</i>:</b>  <i>Per Agency Policy</i></p> </div> <ul style="list-style-type: none"> <li>• Offer 2-4 iron-rich foods (such as meats, beans and iron-fortified cereals) daily, along with Vitamin C rich foods (such as orange juice, tomatoes, and broccoli). Vitamin C helps the body with iron absorption.</li> <li>• Cook foods in cast iron cookware.</li> <li>• Avoid excess intake of dairy products since they are low in iron and they interfere with the body's absorption of iron.</li> <li>• If child still uses a bottle, wean as soon as possible.</li> <li>• Do not give iron supplements without doctor's prescription due to risk of toxicity.</li> </ul> <p><i>*Refer to "Iron for Strong Blood" handout.</i></p>
<p><b>Constipation</b> (less often than usual or difficult bowel movements) may be due to:</p> <ul style="list-style-type: none"> <li>• Being tired</li> <li>• Anxiety</li> <li>• Medications</li> <li>• Inappropriate diet</li> <li>• Lack of physical activity</li> </ul>	<ul style="list-style-type: none"> <li>• Add more fiber to the diet, by offering whole grain breads/cereals, fruits, dried beans/peas, and vegetables.</li> <li>• Give the child plenty of fluids, especially water.</li> <li>• Avoid foods high in sugar or low in fiber.</li> <li>• Encourage the child to play actively.</li> <li>• Have regular meal times.</li> <li>• Help the child use the toilet regularly.</li> <li>• Do NOT force bowel movements.</li> </ul>

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## NUTRITION-RELATED PROBLEMS & SOLUTIONS *(continued)*

### Common Problems & Solutions

Problem	Solution(s)
<p><b>Overweight:</b></p> <ul style="list-style-type: none"> <li>• &lt;24 months, weight for length or weight for height (Based on WHO chart <math>\geq 98^{\text{th}}</math> percentile)</li> <li>• 24 months or older, BMI for age (<math>\geq 95^{\text{th}}</math> percentile)</li> </ul> <p>may be due to:</p> <ul style="list-style-type: none"> <li>• Overeating</li> <li>• Lack of exercise</li> <li>• Social and/or emotional factors</li> <li>• Genetics</li> </ul>	<ul style="list-style-type: none"> <li>• Have child eat nutritiously:             <ul style="list-style-type: none"> <li>◦ Offer low-fat milk products (<i>nonfat or 1% milk for children <math>\geq 2</math> years old</i>).</li> <li>◦ Offer low-fat protein foods.</li> <li>◦ Offer high-fiber fruits and vegetables.</li> <li>◦ Limit desserts, offer fresh fruit.</li> <li>◦ Offer nutritious, low-fat snacks (<i>such as fruit, vegetables, yogurt</i>).</li> <li>◦ Offer water for thirst/avoid sweetened drinks and limit juice.</li> <li>◦ Limit fast foods/fried foods.</li> <li>◦ If eating “fast foods”, choose low-fat foods and limit quantities.</li> <li>◦ Limit milk products to recommended amounts.</li> <li>◦ If child still uses a bottle, wean as soon as possible.</li> </ul> </li> <li>• Encourage child to be physically active.</li> <li>• Limit activities such as TV watching and video game playing.</li> <li>• Use food appropriately.             <ul style="list-style-type: none"> <li>◦ Schedule snack and meal times.</li> <li>◦ Let child decide how much to eat.</li> <li>◦ Have child feed self when ready.</li> <li>◦ Do NOT put child on low-calorie diet.</li> </ul> </li> <li>• Do NOT focus on child’s looks or pressure child to be thin.</li> <li>• Do NOT expect child to lose weight.</li> <li>• Never use foods as a reward or punishment.</li> </ul>

## NUTRITION-RELATED PROBLEMS & SOLUTIONS *(continued)*

### Common Problems & Solutions

Problem	Solution(s)
<p><b>Underweight</b> (less than the 5<sup>th</sup> percentile)</p> <ul style="list-style-type: none"> <li>• &lt;24 months weight for length or weight for height</li> <li>• &gt;24 months, BMI for age</li> </ul> <p><b>At Risk of Underweight</b></p> <ul style="list-style-type: none"> <li>• &lt;24 months weight for length or weight for height (&gt;2<sup>nd</sup> percentile and ≤5<sup>th</sup> percentile weight for length)</li> <li>• &gt;24 months, BMI for age (&gt; 5<sup>th</sup> and ≤10<sup>th</sup> percentile BMI for age)</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage an appropriate and nutritious diet for the child.</li> <li>• Add calorie-dense foods to the diet.</li> <li>• Encourage frequent meals and snacks where appropriate.</li> </ul>
<p><b>Short Stature</b></p> <ul style="list-style-type: none"> <li>• &lt;24 months (Based on WHO chart ≤2<sup>nd</sup> percentile)</li> <li>• 2-5 years old (≤5<sup>th</sup> percentile)</li> </ul>	<ul style="list-style-type: none"> <li>• Check growth measurements for at least 1 year.</li> <li>• Encourage good nutrition.</li> <li>• Be aware of parent's stature. (If parents are relatively short, child may also be short.)</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p><i>Refer to <b>Nutritionist</b> for short stature</i></p> </div>
<p><b>At Risk of Short Stature</b></p> <ul style="list-style-type: none"> <li>• &lt;24 months (&gt;2<sup>nd</sup> percentile and ≤5<sup>th</sup> percentile length for age)</li> <li>• 2-5 years old (&gt;5<sup>th</sup> percentile and ≤10<sup>th</sup> percentile height for age)</li> </ul>	

## HAZARDS

### Hazards

There are several hazards which can cause serious problems in children. These hazards include:

- Choking
- Lead poisoning
- Other hazards

### Hazards Chart

The following chart lists these hazards and ways to prevent or avoid them.

## Hazards & Suggestions for Prevention

Hazard	Suggestions for Prevention
<b>Choking</b> especially among children 1 to 2 years old (by age 3, children are much less likely to choke)	<p><b>Do:</b></p> <ul style="list-style-type: none"> <li>• Cut foods in to bite-sized pieces.</li> <li>• Cut hot dogs and meat sticks into 4 long strips.</li> <li>• Cut round foods such as grapes and cherries in half and remove seeds.</li> <li>• Have children sit while eating.</li> <li>• Watch children while they eat.</li> <li>• Remove bones from meats.</li> </ul> <p><b>Do NOT:</b></p> <ul style="list-style-type: none"> <li>• Give hard foods such as raw carrots, nuts, popcorn and hard candy.</li> <li>• Give sticky foods such as peanut butter or soft bread.</li> <li>• Give foods such as marshmallows. <i>(they can swell in the throat)</i></li> <li>• Allow children to run or play while eating.</li> </ul>

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**HAZARDS** *(continued)***Hazards & Suggestions for Prevention**

Hazard	Suggestions for Prevention
<b>Lead Poisoning</b> (breathing or ingesting lead)	<div data-bbox="542 428 1256 527" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <i>Refer to <b>Nutritionist</b> if child's blood lead level is <math>\geq 10</math> mcg/dl within past 12 months.</i> </div> <p><b>Do:</b></p> <ul style="list-style-type: none"> <li>• Avoid hobbies using lead (<i>such as stained glass work</i>).</li> <li>• Have children wash hands before eating.</li> <li>• Wet mop floors often to keep them dust-free.</li> <li>• Take off shoes before entering the house.</li> <li>• Give your child enough calcium, iron, and protein and avoid high fat foods. (<i>This helps prevent lead absorption.</i>)</li> </ul> <p><b>Do NOT:</b></p> <ul style="list-style-type: none"> <li>• Put cribs, high chairs, and/or beds near peeling or chipping paint areas; especially paint in old houses.</li> <li>• Sand, burn or scrape paint containing lead where children are present.</li> <li>• Use home remedies or cosmetics containing lead. (<i>such as Azarcon, Greta, Pay-loo-a, Alkohl or Kohl</i>)</li> <li>• Use hand-made, imported dishes or unglazed pottery for serving, preparing or storing food.</li> <li>• Store food in plastic grocery produce bags or bread wrappers turned inside out. (<i>writing on these bags may contain lead</i>)</li> <li>• Offer Mexican candies.</li> </ul>

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**HAZARDS** *(continued)***Hazards & Suggestions for Prevention**

Hazard	Suggestions for Prevention
<p><b>Other</b></p> <p><b><i>Children are naturally curious and like to explore their world. Parents and caregivers can help to keep them safe.</i></b></p>	<p><b>Do:</b></p> <ul style="list-style-type: none"> <li>• Lock all cabinets containing medicines, household cleaning agents, pesticides and/or any other chemicals.</li> <li>• Keep sharp items <i>(such as knives, scissors, and razor blades)</i> out of reach of children.</li> <li>• To prevent drowning:</li> <li>• Keep toilet bowls closed.</li> <li>• Empty buckets of water.</li> <li>• Lock gates to swimming pools.</li> <li>• Never leave children alone in a bathtub or near lakes, rivers, or swimming pools.</li> <li>• Cover electrical outlets with appropriate covers.</li> <li>• Take cords or strings out of jacket or sweater hoods. <i>(They can catch on playground equipment and strangle the child.)</i></li> <li>• Buckle the child into a properly installed car seat every time they ride in a car.</li> <li>• Call the Poison Control Center if your child touches, tastes, or breathes anything harmful at (800) 222-1222. Call 9-1-1 for a life-threatening accident/emergency.</li> </ul> <p><b>Do NOT:</b></p> <ul style="list-style-type: none"> <li>• Hang anything around the child's neck (such as a string holding a pacifier).</li> <li>• Allow children to play with ropes, dog leashes, cords from window blinds, and/or other strangulation hazards.</li> <li>• Give the child iron supplements unless prescribed by a physician. Iron supplement toxicity is one of the most common forms of accidental poisoning for children. <i>(Store iron supplements in a child-proof container out of children's reach.)</i></li> </ul>

## PARENTING

<b>Definition</b>	Parenting is the raising of children. It should include nurturing, caring, loving, and guiding them during their formative years.
<b>Importance</b>	Parenting is important in shaping our children. Our children will become the leaders, workers, teachers, parents, and caregivers of the future.
<b>General Principles</b>	<p>This section will give you some general principles for good parenting. You may use these principles to help guide parent(s) and caregiver(s) of the children you serve.</p> <p>There are many resources available illustrating how to be a good parent. You may also want to read some of these to get more information about good parenting.</p>
<b>Chart of General Principles</b>	The chart on the next few pages lists and describes <b>8</b> parenting principles.
<b>Learning Activity 2</b>	To help you learn more about parenting principles, you may want to try <b>Learning Activity 2</b> found at the end of this module.

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**PARENTING** *(continued)***8 Parenting Principles**

Principle	Description
<b>1. Set a Good Example</b>	<ul style="list-style-type: none"> <li>Model appropriate behaviors. Children learn by imitating their parent(s) and caregiver(s).</li> </ul> <p><i>For example, if a parent screams when something does not go well, the child may do the same when things do not go well.</i></p>
<b>2. Be Affectionate</b>	<ul style="list-style-type: none"> <li>Give children physical affection such as hugs and kisses.</li> <li>Give verbal affection by saying such things as, “You are wonderful.” Or “I love you.”</li> </ul>
<b>3. Praise Good Behavior</b>	<ul style="list-style-type: none"> <li>Compliment children when they behave appropriately (“catch them being good”).</li> </ul> <p><i>For example, if a child says “thank you” when getting a snack, praise her/him by saying something such as “I really like it when you say ‘thank you’ to me.”</i></p>
<b>4. Establish Clear and Specific Rules</b>	<ul style="list-style-type: none"> <li>Establish reasonable and age appropriate rules.</li> <li>Help the child understand the rules: what is and is not acceptable behavior.</li> <li>Explain the consequences if a rules are not followed.</li> </ul>
<b>5. Discipline with Respect</b>	<ul style="list-style-type: none"> <li>When the child behaves inappropriately, follow-up immediately with the consequence.</li> <li>Use a matter-of-fact approach.</li> <li>Be consistent. Reward or punish a behavior in the same way every time it occurs.</li> </ul>

*continued on next page*

**PARENTING** *(continued)***8 Parenting Principles** *(continued)*

Principle	Description
<b>6. Be Inclusive</b>	<ul style="list-style-type: none"> <li>• Include the child in daily activities. (Children enjoy being “helpers” and learn from these experiences.)</li> <li>• Spend time talking to, reading to, and playing with the child.</li> </ul> <p><i>For example, have the child help fold the laundry, wash the car, or prepare a meal.</i></p>
<b>7. Be a Good Listener</b>	<ul style="list-style-type: none"> <li>• Help the child express her/his feelings.</li> <li>• Listen carefully to what the child says and try to see things from her/his point of view.</li> <li>• Do not interrupt the child.</li> <li>• Ask open-ended questions.</li> </ul> <p><i>For example, if a child looks upset, you could say “You look upset. It is okay to feel upset. What happened?”</i></p>
<b>8. Be Safe</b>	<ul style="list-style-type: none"> <li>• Always know where the child is and what they may be doing.</li> <li>• Childproof homes where children spend time.</li> <li>• Always buckle the child in an infant or child car seat when they are passengers in a car.</li> <li>• Never leave a child alone in a car.</li> <li>• Never shake a baby/toddler. Shaking can cause brain damage and death.</li> </ul>

\*Another valuable resource for parents of children is “*Raising Emotionally Healthy Children*” by Gerald Newmark, PhD.

## INDICATORS OF NUTRITIONAL NEED

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### Charts of Indicators of Nutritional Need

The WIC Program Manual (WPM) provides policy and procedures on charting “indicators of nutritional need” for participants.

Overview: Refer to [WPM-210-09](#)

Anthropometric: Refer to [WPM-210-10](#)

Biochemical: Refer to [WPM-210-11](#)

Clinical: Refer to [WPM-210-12](#)

Dietary: Refer to [WPM-210-13](#)

Non-Specific Nutrition Codes: Refer to [WPM-210-14](#)

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### Learning Activities 3 through 6

To help you learn more about providing nutrition education to the parent/caregiver of a child, you may want to try **Learning Activities 3 through 6** found at the end of this module.

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## PROGRESS CHECK

1. Name at least 3 factors effecting the growth and development of a young child.

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2. Match the ages to the stages of development.

<u>Stage</u>	<u>Age (months)</u>
___ Says first sentence.	(A) 12 - 15
___ Uses fork.	(B) 15 - 18
___ Follows 2-step commands.	(C) 18 - 24
___ Begins to walk.	(D) 24 - 36
___ Able to chew most foods.	(E) 36 – 48
___ Influenced by peers.	(F) 48 - 60

3. Fill in the chart below - For each of the food groups listed, write in the range of choices recommended for children 1-5 years old.

AGE	MEAL	SNACK	MEAL	SNACK	MEAL	SNACK
1 year old						
2 years old						
3 years old						
4 years old						
5 years old						

**PROGRESS CHECK** *(continued)*

4. Match the nutrition-related problem with a possible solution.

<u>Problem</u>	<u>Solution</u>
_____ Anemia	(A) Do NOT give a bottle with milk at bedtime.
_____ Constipation	(B) Give foods high in iron and Vitamin C.
_____ Dental Problems	(C) Upon participant's agreement, refer to Nutritionist for follow-up.
_____ Overweight	(D) Increase the amount of fiber in the diet.
_____ Short Stature	(E) Increase physical activity.
_____ Underweight	(F) Check parents' stature.

5. Mark the following as "TRUE" or "FALSE".

- \_\_\_\_\_ The parent/caregiver is responsible for the amount of food the child eats.
- \_\_\_\_\_ The child is responsible for whether or not they eat.
- \_\_\_\_\_ The parent/caregiver should encourage the child to "clean her/his plate".
- \_\_\_\_\_ Children usually need to eat every 3 to 5 hours.
- \_\_\_\_\_ Grapes are a suitable snack for young children if they are cut and their seeds removed.
- \_\_\_\_\_ Each meal should contain choices from each of the food groups.

## PROGRESS CHECK *(continued)*

6. Put a check mark (✓) next to each item which may result in a child getting lead poisoning.

- \_\_\_\_\_ Licking lead-based paint off of a windowsill.
- \_\_\_\_\_ Drinking out of a hand-painted cup.
- \_\_\_\_\_ Cooking with a cast-iron skillet.
- \_\_\_\_\_ Eating fresh fruits and vegetables.
- \_\_\_\_\_ Breathing the dust created from sanding painted objects.

7. List 5 principles of good parenting.

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8. Identify the following indicators of nutritional need for a child. Write an “A” for **anthropometric**, “B” for **biochemical**, “C” for **clinical**, and “D” for **dietary**.

- \_\_\_\_\_ Lactose intolerance
- \_\_\_\_\_ Overweight
- \_\_\_\_\_ Very low hemoglobin/hematocrit
- \_\_\_\_\_ Low Vitamin C intake
- \_\_\_\_\_ Lead poisoning

## LEARNING ACTIVITIES

The following activities are included and are recommended for interactive learning:

- **Learning Activity 1:** Stages of Early Childhood
- **Learning Activity 2:** Parenting Tips
- **Learning Activity 3:** Discussion of Child Nutrition Issues
- **Learning Activity 4:** Observations
- **Learning Activity 5:** Case Studies
- **Learning Activity 6:** Role Plays

## Activity 1: Stages of Early Childhood

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### Learning Objectives

After completing this activity, the Trainee will be able to describe the normal growth and development stages of children 1 to 5 years of age.

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### Instructions

1. Make arrangements with your supervisor or mentor to observe several toddlers and preschoolers in the waiting room area of your WIC site.
  2. Observe these toddlers and preschoolers as they play and interact with others.
  3. Using your observations and what you have learned, fill in the chart on the next page. You may also wish to use the chart on page 3 to guide you.
  4. When you are finished, discuss your findings with your mentor or supervisor.
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**Activity 1: Stages of Early Childhood**

<b>Age</b>	<b>Description</b>
1 – 2 Years	
2 –3 Years	
3 – 4 Years	
4 - 5 Years	

## Activity 2: Parenting Tips

**Learning Objectives**

After completing this activity, the Trainee will be able to provide some basic parenting tips to parents/caregivers of children.

**Instructions**

1. Read each of the 5 situations described on the following pages.
2. Identify the problem the parent/caregiver is having and write it down.
3. Suggest a possible parenting tip to help the parent/caregiver.
4. Talk to your supervisor or mentor if you need help.
5. When you are finished, discuss your responses with your supervisor or mentor.

## Activity 2: Parenting Tips

### **Situation 1:**

Estella's first-born child, Rosa is 13 months old. She has just been nursed and burped and begins to cry.

Estella tells you this happens often. She says she does not want to spoil Rosa, so she lets her cry. Some days she cannot stand the crying and picks Rosa up and yells, "Stop it!" She says she sometimes shakes Rosa to get some "sense into her".

### **Problem(s):**

### **Suggestions/Tips:**

**Activity 2: Parenting Tips** *(continued)***Situation 2:**

Derrick is 30 months old. He does not like taking a bath and usually screams when one of his parents puts him in the tub.

His mother tells you she rarely gives him a bath because she feels she has no control over him. She said she tried again last week and he settled down as soon as she told him she would read him a story after his bath. But after he had his bath and got into his pajamas, she was too tired to read the story.

**Problem(s):****Suggestions/Tips:**

**Activity 2: Parenting Tips** *(continued)***Situation 3:**

Morgan is almost 5 years old. She enjoys coloring in her coloring books. When she sees her 8-year-old sister color she becomes frustrated and starts to scream and kick. She wants to be able to “color just as good” as her sister.

Morgan’s father says he does not know what to do with her when she gets upset. He says Morgan’s mother often screams at the girls when she is frustrated.

**Problem(s):****Suggestions/Tips:**

**Activity 2: Parenting Tips** *(continued)***Situation 4:**

Sean is 4 years old. He has a 3 year-old brother, Anthony. When Sean sees his brother do something wrong he often hits him and says, “you are a bad boy!”

Sean and Anthony’s mother says she “disciplines” her boys often. When they do not do as she tells them, she “gives them a good spanking.” She says she does not understand why Sean feels the need to hit his younger brother so often.

**Problem(s):****Suggestions/Tips:**

**Activity 2: Parenting Tips** *(continued)***Situation 5:**

Twyla is 2 years old. She usually does not eat much for dinner. Twyla's caregiver has been worried about Twyla's eating behavior. For about 2 months she has been making Twyla a special meal of sausage and eggs for dinner so she will eat.

Joan, Twyla's mother, says Twyla recently stopped eating the sausage and now wants only ice cream.

**Problem(s):****Suggestions/Tips:**

## Activity 3: Discussion of Child Nutrition Issues

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### Learning Objectives

After completing this activity, the Trainee will be familiar with some of the child nutrition issues in WIC.

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### Instructions

1. Have your supervisor or mentor arrange for you to spend about 1 hour with an experienced coworker.
  2. Ask your coworker to discuss her/his experiences with child nutrition issues at WIC.
  3. Ask such questions as:
    - *What child nutrition problems seem to be most common among the participants you see?*
    - *What are some common indicators of nutritional need for children?*
    - *What are some difficulties you have had in assessing a child's nutritional status?*
    - *What suggestions do you have to prepare new coworkers for addressing the needs of children?*
  4. Write down your notes on the next page.
  5. When you are finished, discuss your findings with your supervisor.
-

### Activity 3: Discussion of Child Nutrition Issues

**Notes:**

## Activity 4: Observations

### Learning Objectives

After completing this activity, the Trainee will be able to explain how to:

- Interview the parent/caregiver of a child
- Assess a child's nutritional status
- Prioritize needs
- Provide individual education, taking the parent's concerns into consideration.

### Instructions

1. Have your mentor or supervisor arrange for you to observe several individual nutrition education sessions with the parent/caregiver of a child.
2. Observe your coworker as they:
  - Assesses the child's needs/problems
  - Prioritizes these needs/problems
  - Provides individual education, taking the parent's concerns into consideration.
3. Write down your notes on the next page.
4. Discuss your observations with your mentor or supervisor.
5. Write down your notes on the next page.

## Activity 4: Observations

**Notes:**

## Activity 5: Case Studies

### Learning Objectives

After completing this activity, the Trainee will be able to:

- Assess a child's growth pattern, and
- Assess the child's biochemical, clinical, and dietary status.

### Instructions

1. Read each of the 5 case studies on the following pages.
2. Identify the child's anthropometric, biochemical, clinical, and dietary status.
3. Complete the assessment for each case study.
4. Talk to your supervisor or mentor if you need help.
5. When you are finished, discuss your responses with your supervisor or mentor.

## Activity 5: Case Studies

### Case Study 1:

Roberto is 18 months old. The following information is available about him:

- He was 8 pounds at birth.
- He is now 35 inches long.
- He now weighs 29 pounds.
- His hemoglobin is 11.6 g/dl.
- He is no longer being breastfed.
- His diet includes iron-fortified formula from a bottle and some solid foods.
- He also gets soda in a bottle.
- He has some tooth decay.

### **Assessment:**

What are his **anthropometric** risks?

What are his **biochemical** risks?

What are his **clinical** risks?

What are his **dietary** risks?

Identify any referrals or handouts to offer the participant.

## Activity 5: Case Studies *(continued)*

### Case Study 2:

Victor is 4 years old. The following information is available about him:

- He was 5 pounds at birth.
- He is now 41 inches tall.
- He now weighs 33.5 pounds.
- His hemoglobin is 10.1 g/dl.
- He drinks about 8 ounces of milk at every meal and a total of about 24 ounces between meals.
- He eats some vegetables, but no iron-rich protein foods or fruit.

### **Assessment:**

What are his **anthropometric** risks?

What are his **biochemical** risks?

What are his **clinical** risks?

What are his **dietary** risks?

Identify any referrals or handouts to offer the participant.

## Activity 5: Case Studies *(continued)*

### Case Study 3:

Maya is 3 years old. The following information is available about her:

- She was 7 pounds, 6 ounces at birth.
- She is now 36 inches tall.
- She now weighs 42 pounds.
- Her hemoglobin is 12 g/dl.
- She often has chips as a snack.
- Her mother says she often allows Maya to watch TV while she takes care of the household.

### **Assessment:**

What are her **anthropometric** risks?

What are her **biochemical** risks?

What are her **clinical** risks?

What are her **dietary** risks?

Identify any referrals or handouts to offer the participant.

**Activity 5: Case Studies** *(continued)***Case Study 4:**

Maggie is 2 years and 3 months old. The following information is available about her:

- She was 8 pounds at birth.
- She is now 34 inches long.
- She now weighs 30 pounds.
- Her hemoglobin is 13.2 g/dl.
- She has been eating solid foods since she turned 7 months old.
- She has been living in a homeless shelter for the last 2 months.

**Assessment:**

What are her **anthropometric** risks?

What are her **biochemical** risks?

What are her **clinical** risks?

What are her **dietary** risks?

Identify any referrals or handouts to offer the participant.

## Activity 5: Case Studies *(continued)*

### Case Study 5:

Carlie is 13 months old. The following information is available about her:

- She was 7 pounds, 2 ounces at birth.
- She now is 29 inches long.
- She now weighs 22.5 pounds.
- Her hemoglobin is 11.8 g/dl.
- She is being fed iron-fortified formula.
- She also eats such solid foods as hot dogs and popcorn.
- Her mother says, "I usually do not cut up her food since she already has a lot of teeth."

### **Assessment:**

What are her **anthropometric** risks?

What are her **biochemical** risks?

What are her **clinical** risks?

What are her **dietary** risks?

Identify any referrals or handouts to offer the participant.

## Activity 6: Role Play

### Learning Objectives

After completing this activity the Trainee will be able to:

- Interview the parent/caregiver of a child.
- Assess a child's nutritional status.
- Prioritize the child's needs.
- Provide individual education to the parent/caregiver of a child, taking the parent's concerns into consideration.

### Background

A role play is a scenario in which 2 or more people act out a scene as though it was "real life". Props are not needed but may be helpful.

### Instructions

1. Ask your mentor, supervisor, or a co-worker to role play any 3 of the 5 roles (A-E) described on the following page.
2. Using the information you have learned about child nutrition, act out the role of a WIC Nutrition Assistant in a session with these three parents/caregivers.
3. Mentor/Supervisor/Co-Worker: Using the role plays as your guide, act out the role of the participant. Try to be as realistic as possible.
4. After each session, ask your co-worker to tell you what they noticed. Make sure to ask for your strengths as well as weaknesses.

## Activity 6: Role Plays

### 5 Participants

<b>Role Play A</b>	Elizabeth Moore's foster daughter Bethany is 15 months old. She weighs 19 pounds and is 30.5 inches long. She has a hemoglobin value of 11 g/dl and a hematocrit of 34%. She was breastfed until she was placed with a foster care family 2 months ago.
<b>Role Play B</b>	Linda Nguyen's son Andrew is 23 months old. Andrew's weight is at the 8 <sup>th</sup> percentile for length. He has hemoglobin of 10.8 g/dl and a hematocrit of 34%. He is no longer being breastfed. He eats a lot of white rice, few vegetables, and does not eat much protein. He drinks non-fat milk and some fruit juices.
<b>Role Play C</b>	Rosemarie Garcia's daughter Michelle is 3 years old. Michelle's weight is at the 50 <sup>th</sup> percentile for height. Michelle often has constipation.
<b>Role Play D</b>	Robert Cole's son Jacob is 4 years old. Jacob is a rather "picky eater." His father says "he doesn't like vegetables".
<b>Role Play E</b>	Patricia Cox's daughter Patrice is 2 years old. Patrice refuses to drink any milk.

## PROGRESS CHECK ANSWERS

1. Name at least 3 factors effecting the growth and development of a young child.

**ANY 3 OF THE FOLLOWING RESPONSES ARE CORRECT:**

- ***Genetics***
- ***Hormones***
- ***Environment***
- ***Behavior***

2. Match the ages to the stages of development.

<u>Stage</u>		<u>Age (months)</u>
<u>B</u> Says first sentence.	(A)	12 -15
<u>D</u> Uses fork.	(B)	15 -18
<u>C</u> Follows 2-step commands.	(C)	18 - 24
<u>A</u> Begins to walk.	(D)	24 - 36
<u>E</u> Able to chew most foods.	(E)	36 - 48
<u>F</u> Influenced by peers.	(F)	48 - 60

## PROGRESS CHECK ANSWERS *(continued)*

3. Fill in the chart below. For each of the food groups listed, write in the range of choices recommended for children 1-5 years old.

Age	Meal	Snack	Meal	Snack	Meal	Snack
<b>1-2 years old</b>	¼ cup dry cereal 4 ounces milk Small piece of banana	¾ ounce of cheese 2 ounces vegetable juice	½ egg ½ slice whole wheat bread ¼ cup orange slices 4 ounces milk	½ tortilla with ½ tablespoon peanut butter ¼ cup sliced and softened carrots	½ ounce baked chicken ¼ cup rice ¼ cup cooked broccoli 4 ounces milk	3 small crackers 4 ounces juice
<b>2-3 Years old</b>	½ egg with ¼ cup cooked spinach ½ slice toast 4 ounces juice	2 small crackers ¼ cup cooked carrots ¼ cup banana slices 4 ounces milk	¾ cup vegetable soup ½ grilled cheese 4 ounces water	½ slice toast with ½ tablespoon peanut butter ¼ cup watermelon	½ tortilla, 2 tablespoons mashed beans 1 tablespoon ground turkey ¼ cup cooked peas 4 ounces milk	½ cup dry cereal ¼ cup strawberry slices 4 ounces milk
<b>3-4 years old</b>	½ cup cooked oatmeal ½ cup peach slices 4 ounces milk	4 ounces yogurt ½ cup diced apples	1 egg on 1 tortilla with 1 slice of cheese ½ cup cooked corn 4 ounces milk	6 crackers with 1 tablespoon peanut butter 4 ounces of juice	1 ounce baked salmon 1 cup green salad ½ cup spaghetti 4 ounces of water	½ cup mashed sweet potatoes
<b>4-5 years old</b>	1 pancake with 1 tablespoon peanut butter	1 cup cottage cheese ½ cup cut pineapple	1 whole wheat roll 1 ounce sliced ham 1 cup spinach salad	1 whole wheat tortilla 1 ounce cheese ½ cup sliced mangos	½ cup rice ¼ cup cooked beans ½ cup fresh tomatoes ½ cup cooked broccoli	½ small banana ¾ cup low fat milk

## PROGRESS CHECK ANSWERS *(continued)*

4. Match the nutrition-related problem with a possible solution.

<u>Problem</u>	<u>Solution</u>
<u>B</u> Anemia	(A) Do NOT give a bottle with milk at bedtime
<u>D</u> Constipation	(B) Give foods high in iron and Vitamin C
<u>A</u> Dental Problems	(C) Upon participant's request, refer to Nutritionist for follow-up
<u>E</u> Overweight	(D) Increase the amount of fiber in the diet
<u>F</u> Short Stature	(E) Increase physical activity
<u>C</u> Underweight	(F) Check parents' stature

5. Mark the following as "TRUE" or "FALSE".

**FALSE** The parent/caregiver is responsible for the amount of food the child eats.

**TRUE** The child is responsible for whether or not they eat.

**FALSE** The parent/caregiver should encourage the child to "clean her/his plate".

**FALSE** Children usually need to eat every 3 to 5 hours.

**TRUE** Grapes are a suitable snack for young children if they are cut and their seeds removed.

**TRUE** Each meal should contain choices from each of the food groups.

6. Put a check mark (✓) next to each item which may result in a child getting lead poisoning.

✓ Licking lead-based paint off of a windowsill.

✓ Drinking out of a hand-painted cup.

    Cooking with a cast-iron skillet.

    Eating fresh fruits and vegetables.

✓ Breathing the dust created from sanding painted objects.

## PROGRESS CHECK ANSWERS *(continued)*

7. List 5 principles of good parenting.

**ANY 5 OF THE FOLLOWING RESPONSES ARE CORRECT:**

- ***Set a good example.***
- ***Be affectionate.***
- ***Praise good behavior.***
- ***Establish clear and specific rules.***
- ***Discipline with respect.***
- ***Be inclusive.***
- ***Be a good listener.***
- ***Keep a watchful eye.***

8. Identify the following indicators of nutritional need for a child. Write an “**A**” for **anthropometric**, “**B**” for **biochemical**, “**C**” for **clinical**, and “**D**” for **dietary**.

**C** Lactose intolerance

**A** Overweight

**B** Very low hemoglobin/hematocrit

**D** Low Vitamin C intake

**B** Lead poisoning